

***The X6A Workbench: Synchrotron Structural Biology
Registration Form***

Name (first): _____(last): _____
Inst./Company : _____
Department : _____
Street Address : _____

City: _____ State/Prov: _____ Zip/Mail Code: _____
Telephone: _____ Fax: _____
PI Name (full): _____
Email: _____
Phone: _____

Check the type of registration and enter the total remittance enclosed bellow:

- Professional \$350.00
- Students/ Postdoc \$300.00

Registration includes breakfast, breaks, lunch and the workshop dinner

Please find enclosed a check US\$ _____ payable to the order of:
Brookhaven Science Associates

Please charge my credit card for US\$ _____
_ Visa _ MasterCard _ Discover _ AmericanExpress
Credit Card # _____
Expiration Date: _____
Name on Card: _____

NOTE: Please send completed form and payment to:

Ms. Mercy Baez 725, NSLS,
Brookhaven National Laboratory, National Synchrotron Light Source, Bldg 725,
Upton, NY 11973.

If you are paying by credit card, please complete the form and fax it to: 631 344 7206
(Attn: Ms. Mercy Baez)